# SHORT HILLS SURGERY CENTER

NOTICE OF PRIVACY, PATIENT RIGHTS AND NOTIFICATION OF PHYSICIAN OWNERSHIP

## PURPOSE

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The Center uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of the Center.

## HOW THE CENTER MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

For Treatment. The Center may use your health information to provide you with medical treatment or services. For example, information obtained by a health care provider such as a physician, nurse, or other person providing health services to you, will record information in your record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and note how you respond to the actions.

For Payment. The Center may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third party-payer, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

For Health Care Operations. The Center may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the medical staff, risk management, or quality improvement personnel, and others to:

- Evaluate the performance of the staff;
- Assess the quality of care and outcomes in your case and similar cases:
- Learn how to improve our facilities and services; and
- Determine how to continually improve the quality and effectiveness of the health care we provide.

Appointments. The Center may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual.

Fund Raising. The Center may use your information to contact you to raise funds for the Center.

Required by Law. The Center may use or disclose information about you as required by law. For example, the Center may disclose information for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority;
- To report information related to victims of abuse, neglect or domestic violence; and
- To assist law enforcement officials in their law enforcement duties;

*Emergencies.* The Center may disclose your health information to notify a family member or other responsible person about your medical condition in the event of an emergency.

Public Health. Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury or disability, or for health oversight activities.

**Decedents.** Health Information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

Organ/Tissue Donation. Your health information may be used or disclosed for cadaveric organ, eye or tissue donation purposes.

Research. The Center may use or disclose your health information for research purposes when approved by an institutional review board or privacy board.

Health and Safety. Your health information may be disclosed to avert a serious threat to the health and safety of you or any other person pursuant to applicable law.

Government Functions. Your health information may be disclosed for specialized government functions such as protection of public health officials or reporting to various branches of the armed services.

Workers' Compensation. Your health information may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation.

Other Uses. Other uses and disclosures will be made only with your written authorization. You may revoke the authorization at any time except to the extent that the Center or physician has taken in reliance on the use or disclosure indicated in the authorization.

## YOUR HEALTH INFORMATION RIGHTS

You have a right to:

- Request a restriction on certain uses and disclosure on your information as provided by 45 CFR § 164.522; however, the Center is not required to agree to a requested restriction;
- Obtain a paper copy of the notice of information practices upon request;
- Inspect and obtain a copy of your health record as provided for in 45 CFR § 164.524, by submitting a written request;

- Request communication of your health information by alternative means or at alternative locations;
- Revoke your authorization to use or disclose health information except to the extent action has already been taken; and
- Receive an accounting of disclosures made of your health information as provided by 45 CFR § 164.528.

## **COMPLAINTS**

You may complain to the Center and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

#### OBLIGATIONS OF THE CENTER

The Center is required by law to:

- Maintain the privacy of protected health information;
- Provide to you with this notice of its legal duties and privacy practices with respect to your health information;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
- Accommodate reasonable requests you may make to communicate health information by alternative means or to alternative locations; and
- Obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law.

The Center reserves the right to change its information practices and to make the new provisions affective for all protected health information it maintains. Revised notices will be posted in the waiting area within the Center. You also may obtain any new notice by contacting the Center's Chief Compliance Officer.

## CONTACT INFORMATION:

If you have any questions or complaints, please contact:

Denise Santiago, Administrator Short Hills Surgery Center 187 Millburn Avenue, Suite 102 Millburn, NJ 07041 (973)671-0555 Every patient has the right to be treated as an individual and to actively participate in his/her care. The facility and medical staff have adopted the following patient rights and responsibilities, which are communicated to each patient or the patient's representative or surrogate in advance of the procedure/surgery.

# **PATIENT'S RIGHTS:**

- To receive treatment without discrimination as to age, race, color, religion, sex, national origin, disability, culture, economic status or source of payment.
- Considerate, respectful, and dignified care, provided in a safe environment, free from any form of abuse, neglect, harassment or reprisal.
- To know the identity and professional status of individuals providing services to them, and to know the name of the physician who is primarily responsible for coordination of his/her care.
- To receive information in a manner that the patient understands.
   Communication is provided in a manner that facilitates understanding by the patient.
- To receive information from his/her physician about his/her illness, his/her course of treatment and his/her prospects for recovery in terms that he/she can understand.
- To receive as much information about any proposed treatment or procedures as he/she may need in order to give informed consent prior to the start of any procedure or treatment.
- To be provided privacy and security of self and belongings during the delivery of patient care service.
- When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient, or to a legally authorized person.
- To make decisions regarding the health care that is recommended by the
  physician. Accordingly, the patient may accept or refuse any
  recommended medical treatment. If treatment is refused, the patient has
  the right to be told what effect this may have on their health, and the
  reason shall be reported to the physician and documented in the medical
  record.
- Full consideration of privacy concerning his/her medical care program.
   Case discussion, consultation, examination and treatment are confidential and shall be conducted discretely.

- Confidential treatment of all communications and records pertaining to his/her care and his/her stay in the facility. His/her written permission shall be obtained before his/her medical records can be made available to anyone not directly concerned with his/her care. The facility has established policies to govern access and duplication of patient records.
- To leave the facility even against the advice of his/herphysician.
- To be advised of their right to change providers if other qualified providers are available
- Reasonable continuity of care and to know in advance the time and location of appointment, as well as the physician providing the care.
- Be informed by his/her physician or a delegate of his/her physician of the continuing health care requirements following his/her discharge from the facility
- To know which facility rules and policies apply to his/her conduct while a patient.
- To have all patients' rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient. All personnel shall observe these patient's rights.
- To be informed of any research or experimental treatment or drugs and to refuse participation without compromise to the patient's usual care.
   The patient's written consent for participation in research shall be obtained and retained in his/ her patient record.
- To examine and receive an explanation of his/her bill regardless of source of payment.
- To appropriate assessment and management of pain.
- Regarding care of the pediatric patient, to be provided supportive and nurturing care which meets the emotional and physiological needs of the child and for the participation of the caregiver in decisions affecting medical treatment.

# **PATIENT RESPONSIBILITIES:**

 To provide accurate and complete information regarding present medical complaints, past illnesses, hospitalizations, medications, allergies and sensitivities and other matters relating to his/her health.

- The patient and family are responsible for asking questions when they do not understand what they have been told about the patient's care.
- The patient is responsible for following the treatment plan established by his/her physician.
- The patient is responsible for keeping appointments and notifying the physician or facility when unable to do so.
- The patient and/or patient representative is responsible for disposition of patient valuables.
- The patient is responsible for arranging transportation home from the facility and to have someone remain with him/her for twenty-four (24) hours minimum or for a period of time designated by his/her physician.
- In the case of pediatric patients, a parent or guardian is responsible to remain in the facility for the duration of the patient's stay in the facility. The parent or legal guardian is responsible for participating in decision making regarding the patient's care.
- The patient is responsible for his/her actions should he/she refuse treatment or not follow the physician's orders.
- The patient is responsible for being considerate of the rights of other patients, visitors, and facility personnel.
- The patient is responsible to be respectful of all the healthcare professionals and staff, as well as other patients.

# If you need an interpreter:

If you will need an interpreter, **please let us know** and one will be provided for you. If you have someone who can translate confidential, medical, and financial information for you please make arrangements to have them accompany youon the day of your procedure.

# Rights and Respect for Property and Person

The patient has the right to:

- Exercise his or her rights without being subjected to discrimination or reprisal.
- Voice a grievance regarding treatment or care that is, or fails to be, furnished.
- Be fully informed about a treatment or procedure and the expected outcome before it is performed.
- Confidentiality of personal medical information.

## **Privacy and Safety**

# The patient has the right to:

- · Personal privacy
- Receive care in a safe setting
- Be free from all forms of abuse or harassment

# **Statement of Nondiscrimination:**

Short Hills Surgery Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Short Hills Surgery Center cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Short Hills Surgery Center respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap.

#### **Advance Directives**

You have the right to information regarding Advance Directives and this facility's policy on Advance Directives. Applicable state forms will be provided upon request.

The surgery center is not an acute care facility; therefore, regardless of the contents of any advanced directive or instructions from a health care surrogate, if an adverse event occurs during treatment, patients will be stabilized and transferred to a hospital where the decision to continue or terminate emergency measures can be made by the physician and family. If they have been provided to the surgery center, a copy of the patient's Advanced Directives will be sent to the acute care facility with the patient.

If the patient or patient's representative wants their Advance Directives to be honored, the patient will be offered care at another facility that will comply with those wishes.

<u>Complaints/Grievances:</u> If you have a problem or complaint, please speak to one of our staff to address your concern. If necessary, your problem will be advanced to center management for resolution. You have the right to have your verbal or written grievances investigated and to receive written notification of actions taken.

The following are the names and/or agencies you may contact:

Denise Santiago, Administrator Short Hills Surgery Center 187 Millburn Avenue, Suite 102 Millburn, NJ 07041 (973)671-0555

You may contact the state to report a complaint:

New Jersey Department of Health
Division of Health Facility Survey and Field Operations
PO Box 367
Trenton, NJ 08625-0367
http://www.state.nj.us/health/healthfacilities/
Hotline: (1-800-972-9770)

Medicare beneficiaries may also file a complaint with the Medicare Beneficiary Ombudsman.

## Medicare Ombudsman Web site:

http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html **Medicare:** 

www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227)

#### Office of the Inspector General:

http://oig.hhs.gov

This facility is accredited by the Accreditation Association for Ambulatory Health Care (AAAHC). Complaints or grievances may also be filed through AAAHC:

5250 Old Orchard Road, Suite 200 Skokie, IL 60077

(847) 853-6060 or email: info@aaahc.org

## PHYSICIAN OWNERSHIP

# Physician Financial Interest and Ownership:

The center is owned, in part, by the physicians. The physician(s) who referred you to this center and who will be performing your procedure(s) may have a financial and ownership interest. Patients have the right to be treated at another health care facility of their choice. We are making this disclosure in accordance with federal regulations.

Michael Alapatt, MD Brett Gerstman, MD Michael Benson, MD Howard Berg, MD Andrew Bernstein, MD Michele Blackwood, MD Danielle Blake, MD Keith Blicht, DPM Tamir Bloom, MD Aleksander Bodnar, MD Daryl Boffard, MD James Buwen, DO Dean Cerio, MD Michael Ciccone, MD Gerald Ciciola, MD Ross Cooperman, MD Karl Coutinho, MD Stephen Crane, MD Anthony Cuppari, MD Doreen DeGraaff, MD Thad Denehy, MD Laura Downey, MD Henry Falk, DDS Paul Figlia, MD Evan Fischer, MD Joshua Fiske, MD Samara Friedman, MD John Fritz, DPM Jason Garcia, MD

Ajay Goyal, MD Jennifer Graf, DO Marianne Herrighty, MD Kathleen Hong, MD Marcus Jurema, MD Eric Kanter, MD Aryeh Keehn, MD Jonathan Keith, MD Allan Kessel, MD Bryant Lee, MD Bernard Lehrhoff, MD Joel Levitt, MD David Lin, MD Matthew Lipp, MD Cyrus Loghmanee, MD James Lopes, MD Joao Lopes, MD Richard Luciani, MD Linda Luisi-Purdue, MD Marcy Maguire, MD Vivek Maheshwari, MD Saniea Majid, MD Richard Marki, MD Alon Mass, MD Todd Morrow, MD Zbigniew Moszczynski, MD Brett Opell, MD

Reynaldo Paraiso, DO Winsome Parchment, MD Shefali Patel, MD Gregory Pinkowsky, MD Susan Pitman, MD Giovanni, Ramundo, MD Kenneth Rieger, MD Mark Rieger, MD Louis Rizio, MD Richard Rosa, MD Bennett Rothenberg, MD Robert Rubino, MD Domenico Savatta, MD Scott Schoeb, MD Eric Seaman, MD Stuart Shoengold, MD Mark Solomon, DPM Joshua Strassberg, MD Alan Strumeyer, MD Debra Tarantino, MD Richard Tepper, MD Isaac Victor, MD Gary Vitale, DMD Steven Weinfeld, MD Sandy Yeum, MD Basil Yurcisin. MD Matthew Zornitzer, MD Gina Zuniga, MD